



THIRD PARTY PROPOSITION PLAYER SERVICES REGISTRATION SUPPLEMENTAL INFORMATION (CGCC – 036)

Type or print (in ink) all information requested on this supplemental form. If additional space is needed, please note response on a separate sheet of paper and attach to this form.

SECTION 1: APPLICANT PERSONAL HISTORY INFORMATION

Applicant's Full Legal Name: _____

Gender: Male ☐ Female ☐

Applicant's Mailing Address: _____

Street
Applicant's Telephone Number: _____

City State Zip Code
Applicant's Facsimile Number (if applicable): _____

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Please indicate answers to the following questions by placing an X in the appropriate box.

1. Have you ever been convicted of a felony? Yes ☐ No ☐
2. Within the last ten years, have you ever been convicted of a misdemeanor involving a firearm or other deadly weapon, gaming or gaming-related activities, violations of the Gambling Control Act, or dishonesty or moral turpitude, not including convictions that have been expunged or dismissed as provided by law? Yes ☐ No ☐
3. Have you ever had a third party proposition player registration, a state gambling license, a key employee license, a work permit, or a finding of suitability revoked? Yes ☐ No ☐
4. Have you every had an application denied for third party proposition player registration or under the Gambling Control Act? Yes ☐ No ☐

SECTION 2. DECLARATION

I declare under penalty of perjury under the laws of the State of California that the foregoing information, and all information submitted with this application is true, correct, and complete.

Applicant Signature: _____

Print Name: _____ Date: _____

Title: _____